MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00779

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Beachville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Beachville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Benedict (Last) Biscoe

4. DATE OF DEATH (Month) Jan. (Day) 1 (Year) 1950

5. SEX Male | 6. COLOR OR RACE Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH Sept. 9, 1949 | 9. AGE last birthday — yrs. | If under 1 year: Months 3 Days 22 | If under 24 hrs.: Hours — Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Beachville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul L. Biscoe

14. MOTHER'S MAIDEN NAME Genera M. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Genera Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Broncho Pneumonia | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Bronchitis | 1 month |
| 501 X 107 | (c) no | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from unattended, 19..., to ..., 19..., that I last saw the deceased ~~alive~~ on Jan. 1, 1950, and that death occurred at about 2 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.G. Beam M.D. Great Mills Md. Jan. 1, 1950

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF Jan. 1-1950 | NAME OF CEMETERY OR CREMATORY St. Peter Clover Cemetery | LOCATION (City, town, or county) Ridge (State) Md.

DATE REC'D BY LOCAL REGISTRAR REG. Jan. 1-1950 | REGISTRAR'S SIGNATURE P.G. Beam, M.D.

24. FUNERAL DIRECTOR James F. Barnes ADDRESS Beachville, Md.

4-0-9-09-9-18-1-40-R

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00780

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL LEONARDTOWN
LENGTH OF STAY (in this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS COUNTY ALMS HOUSE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHARLOTTE HALL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ISAAC (Middle) (Last) BUTLER

4. DATE OF DEATH (Month) JAN (Day) 7 (Year) 1950

5. SEX M

6. COLOR OR RACE N

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Unknown

9. AGE last birthday abt 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT MRS NACE FORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
83a

Immediate cause (a) Coma probably Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to Jan 7, 1950 that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE Francis J Greenwell by Hd (Degree or title) ADDRESS Leonardtown Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 1/7/50 | NAME OF CEMETERY OR CREMATORY ALMS HOUSE | LOCATION (City, town, or county) LEONARDTOWN (State) Md.

DATE REC'D BY LOCAL REG. 1/7/50 | REGISTRAR'S SIGNATURE Carmalee

24. FUNERAL DIRECTOR Jos. C. MATTINGLEY ADDRESS LEONARDTOWN

0000

RECEIVED
JAN 9 1950
BUREAU V. S.

00781

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 242

**1. PLACE OF DEATH:**
County: St. Mary's
City or town: Lexington Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5½ years.
Hospital, Institution, or street address where death occurred: Home
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: St Mary's
City or town: Lexington Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 67 Coral Place.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Arthur Clark

**3.(b) Social Security Number:** 087-05-8986

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Wh | Married |

6.(b) Name of husband or wife: Mrs. Clara Clark
6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Mch. 5 1887

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 10 | 8 | hrs. min. |

9. Birthplace: London England.
(Town, county, and state)
10. Usual occupation: Painter
11. Industry or business: Civil Service
FATHER 12. Name: George Clark
13. Birthplace: England
MOTHER 14. Maiden name: Elizabeth Eagan
15. Birthplace: England
16. Informant: Mrs. Clara Clark
Address: Lexington Park. Md.
17. Transportation (Burial, cremation, or removal. Which?) Date thereof 1-13-50 (month) (day) (year)
Cemetery or crematory: Ferncliff Cemetery
Location: New York City N.Y.
18. Funeral director: P.B. Robinson
Address: Leonardtown, Md.
19. 1/13 1950 (Date rec'd by registrar) Cavalier Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-13-50 19.... at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947, to Jan 13 1950
and that I last saw him alive on Jan 12 1950

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma Stomach | 2½ Year. |
| Due to | |
| Due to | |
| Other conditions | |
| 151 | |
| 46 (Include pregnancy within 3 months of death) | |

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Mrs. H. Patrick M.D. M. D. or other
Address: Lexington Park. Md. Date signed 1-13-50

247-47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00782

# CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Elements Shore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST CLEMENT SHORES
STREET ADDRESS (If rural, give location) ST MARYS + GORE ST.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Curtis (Last) COATES

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB 28 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): OAK GROVE VA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS ETHEL G LIPPHARD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 1 week

Antecedent cause(s)

5922 1318 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1949, to Jan 7, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ray Luther, MD ADDRESS Mechanicsville DATE SIGNED 1/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 1-8-50 — NAME OF CEMETERY OR CREMATORY CONGRESSIONAL — LOCATION (City, town, or county) (State) WASH, D.C

DATE REC'D BY LOCAL REG. 1/8/50 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS WASH, D.C.

RECEIVED
JAN 10 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

00783

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles St. Mary's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| SALLY | LYLES | HOLLEY | JAN | 21 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | COLORED | WIDOWED | NOV 15 1876 | 73 yrs. | 2 | 7 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEKEEPER | SELF | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| OSCAR LYLES | JANE Young |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO NO | NONE | WILLIAM J. HOLLEY |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure.

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage.

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan 6th, 1950, to Jan 6, 1950, that I last saw the deceased alive on Jan 6th, 1950, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Leon J. Sothoron | M.D. | Charlotte Hall Md | 1/24/50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | JAN 25 1950 | ST. MARY'S | NEW MARKET MD. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Jan. 24-1950 | Eleanor S. Carter | JOS. C. MATTINGLEY | LEONARDTOWN |

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00784

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: ST. MARYS — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARK HALL
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARK HALL
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MATHIAS (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) JAN (Day) 10 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: GEN. UTILITY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE JOHNSON

14. MOTHER'S MAIDEN NAME: SARAH BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: HENRY JOHNSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 3 weeks |
| 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 12 years |
| 83a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 10:A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

P.G. Beany M.D. — Great Mills, Md. — 1-11-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 1/12/50 — NAME OF CEMETERY OR CREMATORY: ST. PETERS — LOCATION (City, town, or county) (State): Ridge Md.

DATE REC'D BY LOCAL REG.: 1-11-50 — REGISTRAR'S SIGNATURE: P.G. Beany M.D.

24. FUNERAL DIRECTOR: JOS. C. MATTINGLEY — ADDRESS: LEONARDTOWN

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VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00785

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville, Rural; LENGTH OF STAY (In this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville; STREET ADDRESS (If rural give location) |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | GEORGIANA | | RIGELL | | JAN. | 22 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) W. | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | W. | MAY 2, 1863 | 86 yrs. | | 20 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEKEEPER | SELF | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| UNKNOWN | ELIZABETH ANN FARRELL |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO NO | NONE | LOUIS R. RIGELL |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331X Immediate cause | (a) Central hemorrhage | 4 weeks |
| 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General arteriosclerosis | 10 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Dec 21, 1949, to Jan 23, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A.J. Geary | M.D. | Great Mills Md. | 1-23-50 |

| 23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| BURIAL | 1/24/50 | OUR LADY'S | MEDLEY'S NECK, | MD. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1-23-50 | A.J. Geary M.D. | JOS. C. MATTINGLEY | LEONARDTOWN, MD. |

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

Evidence for change of age shonw on:

00786

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 FEB 1 1950

# CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Juliet~~ Julia (Middle) (Last) Shubrooks

4. DATE OF DEATH (Month) Jan (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) married
8. DATE OF BIRTH Dec. 1904
9. AGE last birthday ~~46~~ 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES MILBURN
14. MOTHER'S MAIDEN NAME HATTIE BENNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 171X Immediate cause | (a) Generalized Carcinomatosis | 3 mos. |
| 48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma Cervix | 3 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to Jan. 23, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Patrick M.D. ADDRESS Leonardtown Park Md. DATE SIGNED 1-23-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1/25/50
NAME OF CEMETERY OR CREMATORY MOUNT ZION
LOCATION (City, town, or county) ST. INIGOES (State) Md.

DATE REC'D BY LOCAL REG. Jan. 24-1950
REGISTRAR'S SIGNATURE Eleanor S. Canter
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 25 1950
BUREAU T. S.

00787

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clements
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location): R F D # 2

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Martha (Last) Vause

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 22 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 6 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Pittsburg Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fredrick Frost

14. MOTHER'S MAIDEN NAME: Margarit Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: George E. Vause

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 334 Immediate cause | (a) Cerebral Apoplexy | 1 day |
| 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerosis | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY: (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Julian Lane (Degree or title) M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 1/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 30-1950
NAME OF CEMETERY OR CREMATORY: Ebenezer
LOCATION (City, town, or county) (State): California St Marys Md

DATE REC'D BY LOCAL REG.: 1/30/50
REGISTRAR'S SIGNATURE: Carrie Allen
24. FUNERAL DIRECTOR: Jos C. Mattingly
ADDRESS: Leonardtown Maryland

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00788

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: St Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River — LENGTH OF STAY (in this place): 1yr 8mos | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hudson |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, Naval Air Station | STREET ADDRESS (If rural, give location): 15 Power Avenue |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Kenneth Weed | | | 4. DATE OF DEATH (Month) (Day) (Year): January 24 1950 | | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1-14-31 | 9. AGE last birthday: 19 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy | 10b. KIND OF BUSINESS OR INDUSTRY: | | 11. BIRTHPLACE (State or foreign country): Stockport, New York | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME: Charles Weed | | | 14. MOTHER'S MAIDEN NAME: Unknown | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): 1-27-48 to present. | | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: U. S. Navy records | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823.5 Immediate cause (a) Injuries, Multiple Extreme — 75 hrs.

Antecedent cause(s) (b) 1. Concussion, Brain

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 2. Contusion and Laceration, left lung, with Hemothorax

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. Wound, Lacerated and contused, scalp, severe Hypostatic Pneumonia.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway #235 | (CITY OR TOWN) (COUNTY) (STATE): 2 mi. north of Hollywood, Maryland |
| TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 21, 1950 1:20 a.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Automobile accident — Ran off roadway |

22. I hereby certify that I attended the deceased from 21 Jan., 1950, to 24 Jan., 1950, that I last saw the deceased alive on Jan. 24, 1950, and that death occurred at 4:54 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Vaughan [signature] [signature] M.D.

PAUL VAUGHAN, CAPTAIN (MC) USNAS, Patuxent River, Maryland. 1-25-50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Transportation | DATE: 1-26-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Hudson, New York |
| DATE REC'D BY LOCAL REG.: 1/25/50 | REGISTRAR'S SIGNATURE: Camalier | 24. FUNERAL DIRECTOR: P. B. Robinson | ADDRESS |

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 27 1950
BUREAU V. S.